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Commentary

Are the AA and NA Skies Falling?

The provocative opinion piece authored by Phoebus Zafiridis and Sotiris Lainas will likely stir considerable discussion within recovery mutual aid and addiction treatment circles. There are two central premises of their essay: 1) peer-based addiction recovery mutual aid societies such as Alcoholics Anonymous and Narcotics Anonymous are fundamentally different from professional addiction treatment organizations and should remain so, and 2) the integrity and very existence of A.A. and N.A. are being threatened by the commodification, professionalization and commercialization of the Twelve Steps via the rise of private addiction treatment centres in Greece (and presumably around the world).

The issues raised in this article are important in any community in which A.A. and N.A. and professional addiction treatment organizations co-exist. They are also of concern to the growing network of secular and religious addiction recovery mutual aid societies and to a host of new recovery community support institutions (recovery advocacy organizations, recovery community centers, recovery homes, recovery schools, recovery ministries, recovery cafés, etc.) that exist in the ambiguous space between addiction treatment and recovery mutual aid societies.

The Zafiridis/Lainas essay first underscores the need for an international recovery research agenda—including research on AA, NA and other recovery fellowships--that can provide objective data on assertions made in the paper.

- Are AA/NA elders disengaging from active participation due to their increased marginalization and displacement in status by AA/NA members working in addiction treatment?
- How are engagement and recovery outcomes affected, if at all, in AA/NA groups with a higher proportion of members employed in addiction treatment?
- How do other key factors (e.g., degree of spiritual versus professional/medical orientation of local groups, percentage of

members externally mandated to attend, etc.) affect recovery outcomes and affect long-term group growth and survival?

Profit, property, power, prestige, politics and personalities have historically constituted the most significant threats to recovery mutual aid societies, and the relationship between recovery mutual aid societies and professional treatment has always brought a mix of benefits and risks to both parties. The issues raised by Zafiridis/Lainas suggest the need for two quite distinct courses of action.

First, addiction treatment organizations and addiction counseling as a distinct profession must articulate organizational values and codes of ethical and professional practice to assure role clarity and separation between professional treatment/counseling and service roles within recovery fellowships. If treatment is nothing more than a superficial introduction to recovery principles and practices available without charge from AA, NA and other recovery support groups, then addiction treatment has no foundation for its present or future legitimacy as a cultural institution. Further, if professionalized support progressively supplants the voluntary service ethic within indigenous recovery communities, then addiction treatment as an institution will have done great harm in the name of good.

Second, AA and NA must continually elevate knowledge of their respective histories and traditions to assure their organizational integrity and to remind members who work in addiction treatment of the guidelines established within the fellowships to avoid role ambiguity and role conflicts, particularly the problem of double agentry (e.g., participation in AA/NA for purposes of treatment marketing rather than self and mutual support). Sponsorship in the name of counseling and counseling in the name of sponsorship are not acceptable on either side of the treatment-AA/NA equation.

While the Zafiridis/Lainas essay ends on a note of pessimism (suggesting that AA and NA could become "caricatures of themselves" and "take their turn at failure"), I would argue as a recovery historian that AA and NA's resilience should not be underestimated. Both fellowships have survived near death experiences, periods of explosive growth, efforts to hijack them for ideological and financial purposes, and external and internal attacks on their core beliefs and practices. The source of that organizational resilience rests in the genius of the Twelve Traditions that have governed the organizational lives of AA and NA and sparked periodic processes of renewal that have, to date, protected AA and NA from the forced that led to the demise of their predecessors. The Zafiridis/Lainas essay is also missing

references to the long history of positive and mutually beneficial collaborations between AA and NA and treatment organizations and the role treatment organizations can play in enhancing long-term personal and family recovery.

Recovery mutual aid organizations (and addiction treatment organizations) must avoid becoming closed incestuous systems plagued by charismatic leadership and the risk of complete implosion (e.g., Synanon), and they must also avoid being hijacked by more powerful and corrupting forces in their institutional environments. If the Zafiridis/Lainas essay prompts a serious re-examination of what distinguishes mutual aid and professional treatment and how these cultural institutions can best relate to each other and the outside world, then it will have done a great service.

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